MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/588028 APPLICANT(S) FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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IND.	7	♣		♣		♣		
TOTAL DEP.	27	(+		←		
TOTAL CLAIMS	34			2.4				

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS		ILS DEPAR	TMENT of C			

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